Access to Rural Medicine and Health Care in Pennsylvania

House Agriculture & Rural Affairs Committee

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LIFE CHANGING MEDICINE

Good morning, Chairman Pashinski, Chairman Moul, and members of the House Agriculture and Rural Affairs Committee. On behalf of UPMC, I would like to thank you for allowing me to testify today on access to rural medicine and health care in Pennsylvania.

My name is Dr. Beth Piccione, and I am the President of UPMC Horizon and UPMC Jameson hospitals, serving Mercer and Lawrence Counties.

I was born and raised in New Castle and am a practicing cardiologist. I am a proud graduate of New Castle High School, and after finishing college, medical school, residency, and fellowship training, I returned home to practice medicine in 2003. I have spent the entirety of my career focused on building and maintaining sustainable health care delivery systems that serve the residents of Lawrence and Mercer Counties. I did this as a front-line physician where I came to appreciate and understand how patients' inability to access health care services can lead to negative outcomes. As a physician administrator, I doubled down on efforts to preserve access, not just in cardiology but across all service lines, including staffing our hospitals and outpatient services.

After merging with UPMC in 2016 and receiving $150 million in investment for all three of our campuses, we have been able to design and execute a regional health care system that serves patients from the northern parts of Mercer County, like Jamestown, to the southern parts of Lawrence County, like Shenango. In so many areas, we are the sole provider of essential services. The challenges to providing those services are real. For example, to provide a safe place for childbirth, there needs to be a pediatrician, anesthesiologist, and obstetrician readily available. The economic realities of securing these services are what led many hospitals to close their obstetrical services.

In partnership with UPMC Magee-Women's Hospital and UPMC Children's Hospital, we have developed a thriving regional hub for women's health at our UPMC Shenango Valley Hospital, located in Farrell. There, women have access to our labor and delivery unit, Cesarean surgical suite, a mother-baby unit, and level I and level II nurseries. Neonatal nurse practitioners and pediatric hospitalists are available on site, and the unit has access to neonatology at UPMC Children's via telemedicine. Ob-gyn physicians and anesthesiologists are available 24 hours a day, seven days a week. For nearly two years, this hospital has been the only maternity center in both counties. At each of our three hospitals, we have specialized mammography, breast surgeons, and oncologists; our overriding goal is to provide exceptional womens' care throughout all stages of life.

Since cardiovascular disease is the number one killer of women and men, we have established comprehensive heart and vascular services in each of our communities. Access to outpatient evaluations for heart disease and stroke is provided in addition to inpatient services for acute emergencies. All of our emergency rooms have the ability to quickly scan acute stroke patients and have those scans remotely viewed by specialized stoke experts in Pittsburgh. Immediate direction on next steps in treatment is then relayed back to our local emergency department. Being able to offer these services to friends, family and neighbors in our local community is what drives us every day. I would also like to mention that our catherization lab, located at

UPMC Jameson, provides 24/7 access to interventional cardiologists and the ability to stop a heart attack in progress. Access to such a lab within one hour has been shown to reduces damage and saves lives.

We also operate the only linear accelerator, which provides radiation treatment to cancer patients, usually with treatments that are necessary every day for weeks at a time. All three of our campuses offer oncology services, and we are the sole providers of GI, rheumatology, endocrinology, and urology in our two counties.

There are many challenges that face the rural communities I serve. If we compare Mercer and Lawrence Counties to Allegheny County, research shows that Mercer and Lawrence have more residents who are 65 years of age and older. Residents who are 65 years old and younger are more likely to have a disability and be without health insurance. There are more people living below the poverty line, and transportation is a major issue. Public transportation is limited, Uber is non-existent, and taxi services are few and far between.

If rural hospitals are not supported and forced to significantly scale back or shut their doors, people who are already underserved and vulnerable will not just be inconvenienced; they will be in dire straits. Take for example an older adult living in Mercer County who is without a support system and financial stability. If that person could not get the care needed close to home, then they may choose to forgo it altogether. When we're talking about something as important as cancer care, the difference between driving five miles on local roads for treatment and 60 miles on highways could be the difference between life and death. In a country as rich and medically advanced as ours, to not provide rural hospitals with solid and sustained support is simply unacceptable.

Another significant challenge that we are experiencing and know you are acutely aware of is the EMS crisis. I cannot emphasize enough how critical first responders and EMS are in the delivery of rural health care. Volunteers have competing priorities and recruitment and funding are becoming increasingly difficult. In my area, it can take as long as 30 minutes or more for an ambulance to arrive at a patient's home in an emergency. If hospitals have to go on diversion, reduce service lines, or close, then this will only increase. The ability to get to an emergency room in a timely manner is everything. It is up to us to make sure that lifesaving emergency services get the support they need so that they can provide the care our communities deserve.

Earlier this month, the House Health Committee held a public hearing on House Bill 106, known as the Patient Safety Act, which would institute a minimum nurse to patient ratio for hospitals and health care facilities across the state.

At UPMC, we strongly believe that mandated staffing ratios do not create more nurses, nor do they create more medical assistants, patient care technicians, phlebotomists, etc. We are not alone in feeling that every hospital and health care facility is unique and should be able to appropriately staff their care units based on a variety of factors. Without this ability, the safety and well-being of patients may be compromised. It is also real possibility that rural hospitals will be forced to make extremely difficult decisions, like eliminating beds, significantly reducing

services, or closing entirely; this will decrease access in rural communities. While UPMC may be able to shift resources, many other hospitals, which are already struggling, will not be able to sustain operations. To be clear, this is not something I want. Any hospital closures would not be beneficial for UPMC or the region at large.

Mandated ratios were not the answer to safe staffing before the COVID-19 pandemic, and they are certainly not the answer now.

If elected officials want to help and are looking for a solution, then we highly recommend investing in nursing education. This means educational opportunities for future health care workers are severely limited, thereby exacerbating the workforce crisis.

Right now, UPMC Jameson School of Nursing has a waiting list for people who wish to enroll and one day become nurses. The problem is not lack of interest in the field; it is lack of clinical instructors. If we can solve that problem and grow that group, then we can train more nurses. Many may choose to stay in the community where they were educated, which would help us grow the rural workforce and better care for the patients we serve.

To address the preceptor challenge, many other states have changed their tax code to provide credits to preceptors who train graduate nurses. Another idea would be to establish a preceptor grant program to fund nurses who precept nursing students in health care settings. Both solutions would incentivize the clinicians we have to also be the instructors we need.

At this time, I would also like to note that we are honored to have been selected for the Commonwealth's Nursing Assistant-Certified Apprenticeship Program- the first and only health care delivery provider in the state. This state-granted imitative will create jobs and bring new entrants to our workforce, gaining new skills and career trajectory potential. Programs like this that solidify and expand the pipeline should be supported and scaled up.

Thank you again for allowing me to provide testimony on this critical topic on behalf of UPMC. We welcome the opportunity to act as your resource and partner.